

Entered - 5-9-01 - sb  
CL 01L0302 ALEXIS HOLMES

01-R -1055

CLAIM OF: **MARQUES DUNN**  
1075 O'Hara Drive  
Jonesboro, Georgia 30236

For damages alleged to have been sustained as a result of a rock thrown by a weed eater on April 10, 2001 at the City of Atlanta Hartsfield International Airport maintenance parking lot.

THIS ADVERSE REPORT IS APPROVED

BY: Rosalind Rubens Newell by Robert N. Gray DCA  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 001L0302

Date: 6/15/01

Claimant /Victim MARQUES DUNN

BY: (Atty) \_\_\_\_\_

Address: 1075 O'Hara Drive Jonesboro, Georgia 30236

Subrogation: \_\_\_\_\_ Claim for Property damage 297.45 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 4/20/01 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 4/10/01 Place: Atlanta Hartsfield Airport Maintenance Paking lot

Department Aviation Division: Airport Maintenance

Employee involved Crew # 45 Disciplinary Action: None taken

**NATURE OF CLAIM:** The claimant sustained vehicular damage when a maintenance crew was weed eating, and a rock was thrown by the weed eater, and shattered the claimant's rear windshield. However, the City has immunity from incidents occurring while performing Governmental duties pursuant to O.C.G.A. § 36-33-1.

**INVESTIGATION:**

Statements: City employee \_\_\_\_\_ Claimant X Other \_\_\_\_\_ Written \_\_\_\_\_ Oral X

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

**BASIS OF RECOMMENDATION:**

Function: Governmental X Ministerial \_\_\_\_\_

Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 X

Claims Manager:  Concur/date 06-15-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 4/10/01

Holmes  
05/08/01  
Du

Dear Clerk of Council:

ENTERED - 5-9-01 - SB  
01L0302 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \_\_\_\_\_ property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 4/10/01  
(month/day/year)

2. Police called: X  
Yes No

3. Location of incident: Airport Maintenance Parking lot.

4. Name of your insurance company: All State Policy No. \_\_\_\_\_

5. State what and how incident occurred: WHEN 25\* CREW WAS WEED EATING ONE OF THE CREW MEMBERS HIT A ROCK AND IT FLEW UP AND SHATTERED MY BACK WINDSHIELD.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Olds 1988 MKN 542 MARQUES DUNN  
(make) (year) (tag number) (driver's name)

City vehicle: \_\_\_\_\_  
(make) (City driver's name) (department/bureau)

8. Witness: N/A  
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

MARQUES DUNN  
(claimant's name)

1075 N. Kara Dr. Jonesboro GA  
(address)

Jonesboro GA 30236  
(city and state)

4/530-6688 4/477-8317  
(work number) (home number)

ext # 248

01-R-1055